

POSITION	ID NO.	DATE
CLASSIFIER		7/1/97
EXAMINER	400	
TYPIST		
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

BEST AVAILABLE COPY

INDEX OF CLAIMS

Claim	Date
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Claim	Date
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SYMBOLS

✓ ..... Rejected

..... Allowed

- (Through numeral) Canceled

+ ..... Restricted

N ..... Non-elected

I ..... Interference

A ..... Appeal

O ..... Objected